## **LOBBYIST REPORT**

(Government Code Section 86113)

Date  Name and Address of Payee  of Reportable Persons and Amount Benefiting Each  \$ \$ \$ \$  If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:    Part II has been completed and is attached.    Part II have nothing to report.    Part II have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the	FORM 615 1990	IMPORTANT: Thi Report of Lobbyi	REPORT COVERS PERIOD FROM 07/01/2009 THROUGH 09/30/2009  IMPORTANT: This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.  TYPE OR PRINT IN INK						
NAME: (Last)  VARYAN  TIMOTHY H.B.  (First)  TIMOTHY H.B.  (M.I.)  TIMOTHY H.B.  (M.I.)  TIMOTHY H.B.  (M.I.)  TIMOTHY H.B.  (City)  (State)  (Zip Code)  TELEPHONE NUMBER:  SACRAMENTO  CA 95814  MAILING ADDRESS: (Number and Street)  (See definitions and instructions on reverse.)  PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)  Total  Amount Benefiting Each  S \$  If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  Thave reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  The reviewed the form and instructions of Campaign Contributions Made or Delivered and:  The reviewed the form and instructions of Campaign Contributions Made or Delivered and:  The reviewed the form and instructions to Campaign Campaign Campaign C					1977, se <u>e Ir</u>	formation	В		
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) TELEPHONE NUMBER:  SACRAMENTO CA 95814  MAILING ADDRESS: (If different than above)  PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)  I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.  Date Name and Address of Payee of Reportable Persons and Amount Benefiting Each Send and Amount Benefiting Each Send and Send	NAME: (L	ast)		(First)					
PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)  I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.  Date Name and Address of Payee Or Reportable Persons and Amount Benefiting Each Secretary of Reportable Persons and Amount Benefiting Each Secretary of Activity Expenses and Amount Benefiting Each Secretary of Amount Benefiting Each Secretary of Amount Benefiting Each Secretary of Activity Expenses and Amount Benefiting Each Secretary of Amount Benefiting to report.  VERIFICATION  I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  EXECUTED ON DATE AT ACCUSABLE ACCUSABLE OF DATE Secretary DEPAYED.	LAW OFFICES OF TIM YARYAN					(Zip Code	E) TELEPHONE NUM	ИВЕR:	
In large reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.    Date   Name and Address of Payee   Name and Official Position of Reportable Persons and Amount Benefiting Each   Description of Consideration of Activity				SACRAMENTO	CA	95814			
Date  Name and Address of Payee  Name and Official Position of Reportable Persons and Amount Benefiting Each  \$ \$ \$ \$  If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  Thave reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:    Part II has been completed and is attached.    VERIFICATION  I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and correct.    C			INCURRED,	ARRANGED OR PROVID	ED BY TH	LOBBYIST	(See definitions and	instructions	
Date  Name and Address of Payee  of Reportable Persons and Amount Benefiting Each  \$ \$ \$ \$  If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED    Name and Address of Payee   See instructions on reverse.	☐ I have re	eviewed the form and instruction	ns for reporting	g Activity Expenses and I have	nothing to re	port.			
If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:  Part II has been completed and is attached.  VERIFICATION  I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete  C  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  EXECUTED ON (DATE)  AT (CITY AND STATE)	Date	Name and Address of Pay	/ee	of Reportable Pe	ersons and			Total Amount of Activity	
If more space is needed, check box and attach continuation sheets  PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:    Part II has been completed and is attached.   I have nothing to report.    VERIFICATION					\$			\$	
PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)  I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:    Part   I has been completed and is attached.   I have nothing to report.    VERIFICATION					\$			\$	
I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:    Part II has been completed and is attached.   I have nothing to report.	☐ If more	space is needed, check box and	d attach contin	uation sheets		l			
I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  EXECUTED ON (DATE)  AT (CITY AND STATE)	I have review	ved the form and instructions for	reporting Can	npaign Contributions Made or [	Delivered an	d:			
best of my knowledge the information contained herein and in the attached schedules is true and complete  C I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  D EXECUTED ON (DATE) AT (CITY AND STATE)				VERIFICATION					
D CORRECT.  EXECUTED ON (DATE) AT (CITY AND STATE)  PV (SIGNATURE OF LORBYIST)		I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.							
EXECUTED ON (DATE) AT (CITY AND STATE) BY (SIGNATURE OF LORBYIST)									
i I		EXECUTED ON (DATE)	AT (CITY	'AND STATE)	BY	(SIGNATURE O	F LOBBYIST)		
F 10/22/2009 SACRAMENTO,CA TIMOTHY YARYAN	F	10/22/2009	SACRAME	NTO,CA	ТІМС	THY YARYAI	N		

TELEPHONE NUMBER:

## AMENDMENT TO LOBBYING DISCLOSURE REPORT

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT TO GOVERNMENT CODE SECTIONS 86100-86117	
FORM 690	
1990	FOR OFFICIAL USE ONLY
TYPE OR PRINT IN INK	A
For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information  Manual on Lobbying Disclosure Provisions of the Political Reform Act.	В
NAME OF FILER: TIMOTHY H.B. YARYAN	
NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)	
LAW OFFICES OF TIM YARYAN	

(Zip Code)

95814

## (The information required must correspond to the information provided on the original report filed.)

(City)

**SACRAMENTO** 

1.	. The following information amends the lobbying disclosure report Form No. F615 executed or	09/28/2009
		(Mo Day - Year)
	for the period07/01/2009 to09/30/2009	
	PAGE 1 BEGINNI -	
2.	. Amended information affects items on Part(s) <u>NG</u> Section(s)	

(State)

CA

3. Describe changes below.

BUSINESS ADDRESS OF FILER: (Number and Street)

REPORTING PERIOD SHOULD HAVE READ 07/01/2009 THROUGH 09/30/2009 AND NOT 07/31/2009 THROUGH 09 -/30/2009.

## **VERIFICATION**

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) 10/22/2009	At (City and State) SACRAMENTO,CA	By (Signature of Filer) TIMOTHY YARYAN
Name of Filer (Type or Print) TIMOTHY YARYAN		Title PRINCIPAL